



Manassas Regional Airport SPECIAL ACTIVITIES PERMIT

Event Contact

Name: _____

Company (if applicable): _____

Phone Number: _____ Email: _____

Event Description

This permit allows for the following special activities to be conducted on the grounds of Manassas Regional Airport.

Brief Description of Activity: _____

Effective Dates: _____

Signature

By signing, it is understood that the permitted party is required to carry a minimum liability insurance of \$1 million that names the Airport as additional insured for any activities the permitted party engages in on airport grounds. It is further understood that the Airport Director's Office reserves the right to curtail or terminate any activities that it in its sole discretion deems adverse to aviation safety or security. **THIS PERMIT SHALL NOT BE VALID UNLESS IT IS COUPLED WITH AN APPROVED EVENT OPERATIONS PLAN.**

Permitted Party: _____

Print Name: _____ Date: _____

Permit Fee

The Airport Director's Office may assign a fee for special activities on airport grounds at their sole discretion.

Fee: \$ _____ Date Paid: _____

Received by: _____

Airport Director: _____ Date: _____

**THIS SPECIAL ACTIVITIES PERMIT IS ISSUED BY THE MANASSAS REGIONAL
AIRPORT DIRECTOR'S OFFICE.**

RETAIN A COPY OF THIS PERMIT WHILE ON THE MANASSAS REGIONAL AIRPORT.